APPTS
ACCREDITATION PROGRAMME FOR PSYCHOLOGICAL THERAPIES SERVICES

Quality Standards for Psychological Therapies Services

Fourth Edition 2019

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Introduction

What is the Accreditation Programme for Psychological Therapies Services (APPTS)?

APPTS is an accreditation programme for services in the UK whose primary function is to provide psychological therapies to improve the psychological wellbeing of adults in the community. The term psychological therapy refers to a range of interventions to help people understand and make changes to their thinking, behaviour or relationships to relieve distress and to improve their functioning, well-being and quality of life.

APPTS is run by a central team at the Centre for Quality Improvement (CCQI) at the Royal College of Psychiatrists, in partnership with the British Psychological Society. As well as identifying and acknowledging services that have high standards, an accreditation programme shares best practice to facilitate service improvement. The APPTS project team provides year-round support to help accreditation members maximise opportunities for learning and development.

How have the APPTS standards been developed?

The standards against which services are measured have been developed with reference to the literature, current guidance on best practice and in consultation with key stakeholders including service users, practising therapists, service leads, professional organisations that therapists belong to and national charities. The core standards for all psychological therapies services that participate in the accreditation programme are organised according to the Care Quality Commission (2013) requirements that services are safe, effective, caring, responsive to people's needs and well-led[1]. There are additional standards for services that are part of the English IAPT programme. The standards are revised regularly and signed off by the project board following feedback from participating services and other stakeholders. To comment on the standards, suggest changes, or provide suggestions for new standards, please email appts@rcpsych.ac.uk.

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How are the APPTS standards measured?

Services are measured against the quality standards through self and peer review. During the self review a service checklist is completed and questionnaires are given to therapists that work in the service and people who have used the service. Where possible, standards are evaluated by more than one tool so any discrepancies in the data can be identified and discussed.

Therapist and service user feedback are anonymous and returned directly to the CCQI project team who collate and analyse the data, producing a summary report that forms the basis of discussion for the peer review visit. This report is fed back to the service, and they are given the opportunity to make improvements before the peer review visit takes place, if they wish. The CCQI project team can provide support and advice with this. During the peer review, a review team consisting of psychological therapy service professionals, service users and CCQI project staff visits the service for a day in order to verify the self-review data, consider the service in its unique context and exchange information about best practice. Where needed, support is provided to the host team to make further improvements.

How is accreditation decided?

The project team compiles a report that summarises the findings of the service's self and peer review. This states the number of standards met in each section of the report, as well as recognition of areas of achievement and recommendations for improvement. An accreditation committee, comprising professional and service user representatives, meets to examine the evidence gathered during the review to make a recommendation about accreditation status.

The accreditation committee considers those standards that appear not to have been met and decides:

- Whether any further evaluation or assessment should be undertaken to clarify whether standards have been met;
- What accreditation status should be awarded and any action that the service must take to meet the requirements for accreditation. All such actions must be completed within a set period of time, agreed by the accreditation committee.

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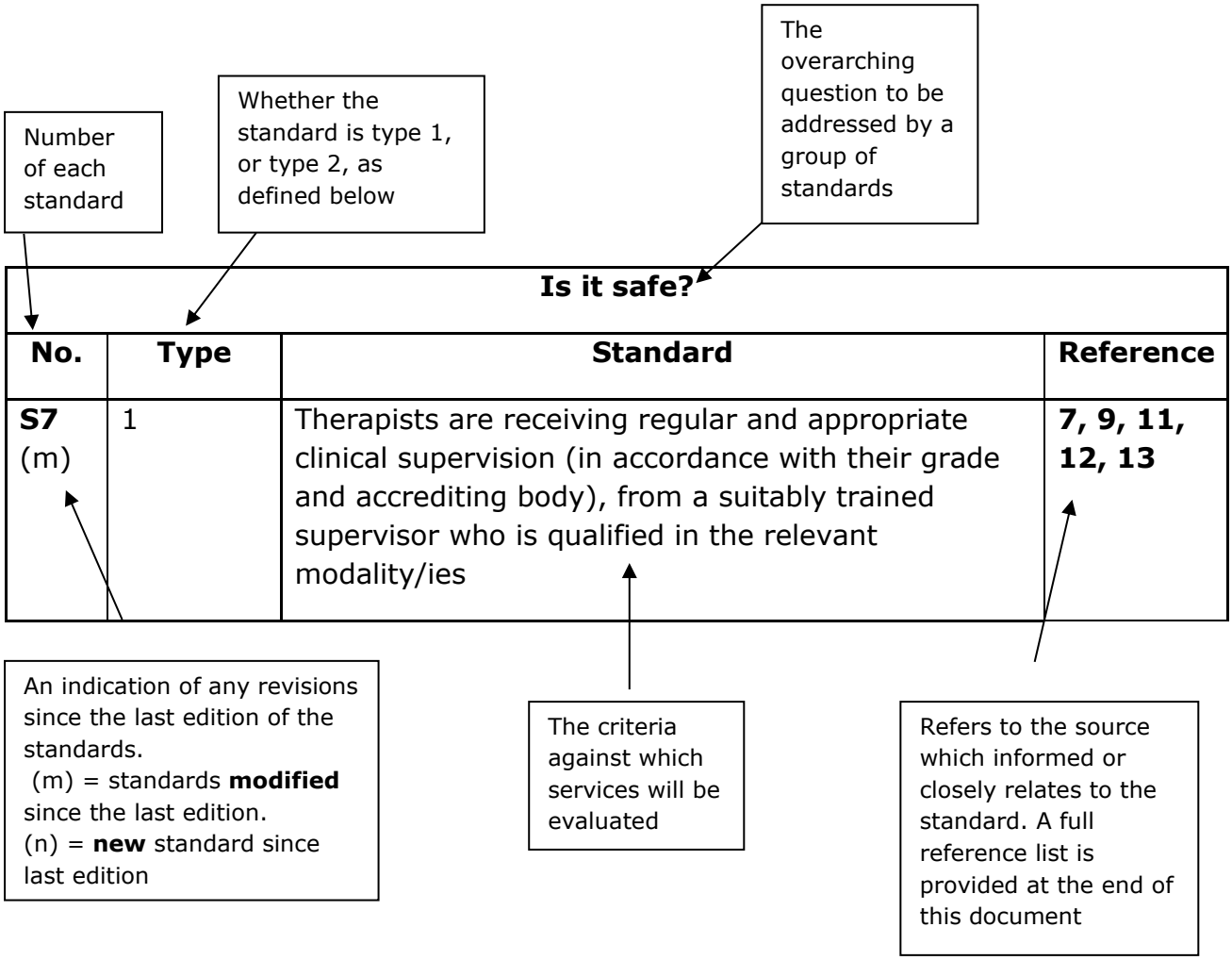
How to use these standards

As highlighted previously, there are core standards that will apply to all psychological therapies services that participate in the accreditation programme. There are some additional standards for services that are part of the English IAPT programme. Below is an explanation of the various terms used throughout this document.



Type 1: failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law. These standards also include the fundamentals of care, including the provision of evidence-based care and treatment. All of these need to be met in order for the service to be accredited.

Type 2: standards that an accredited service would be expected to meet. Services will need to meet at least 80% to achieve accreditation and will be expected to develop action plans for any standards that are not met.

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Notes about the term 'psychological therapist' used in the standards

- It is recognised that the psychological therapies workforce includes staff from a range of different professional backgrounds and training routes
- The core standards have been developed to apply to a wide range of psychological therapies services, including services provided by the NHS, voluntary sector and private sector
- All members of staff who provide psychological therapy as part of their role in the service are asked to complete the therapist questionnaire (including trainees, voluntary or honorary members of staff)

Notes about the term 'evidenced-based psychological interventions'

- People should be offered interventions that have been shown to be effective for treating their particular problem(s) and actively involved in making informed decisions about their treatment and care.
- It is expected that evidence-based practice guidelines, such as NICE, SIGN or equivalent, inform clinical decision making. However, it is recognised that other sources of evidence may be used.
- Treatment and care should take into account individual service user needs and preferences.

Notes about the requirements for IAPT services

- Services will need to apply for accreditation as a single integrated service, even if there are multiple providers
- IAPT services will need to meet the additional IAPT standards in order to become accredited.
- Services will need to meet all of the Type 1 standards and at least 80% of the Type 2 standards in the core set of standards. In addition, IAPT services will need to demonstrate adherence to all standards that are specifically for IAPT services (see pp. 15-16 for details).

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Core Standards

Is it safe?			
No.	**Type**	**Standard**	**Reference**
S1	**1**	Service users receive patient-centred assessments, which include a risk assessment, and where risk is identified, a risk formulation and management plan *Guidance: Risk assessment includes risk to self, risk to others and risk from others*	**3, 4**
S2 (m)	**1**	The service is delivered in safe environments with procedures/measures in place to ensure safety of service users, carers and staff	**5**
S3	**1**	The service has a written policy on managing different levels of risk	**3**
S4	**1**	The service has a lone worker policy/guidance and can evidence adherence to this	**6**
S5	**1**	All qualified psychological therapists are members of a relevant professional or regulatory body	**5**
S6 (m)	**1**	All members of staff who provide psychological therapies on behalf of the service have received formal training to perform as a competent practitioner in each of the therapies they provide. Or, if still in training, they practice under supervision of an adequately trained qualified therapist	**5, 7, 8, 10, 11, 12, 13, 20**
S7 (m)	**1**	Therapists are receiving regular and appropriate clinical supervision (in accordance with their grade and accrediting body), from a suitably trained supervisor who is qualified in the relevant modality/ies	**7, 11, 12, 13, 20**
S8	**1**	Service users are told at their first point of contact how their information will be stored and full details of confidentiality outlined verbally and in writing	**7**

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No.	Type	Standard	Reference
S9 (m)	**1**	Service users and carers are told how to access emergency help, where needed	**3**
S10 (m)	**1**	The service has information governance policies and procedures in place, aligned with GDPR	**14**
S11 (m)	**1**	The service can demonstrate that complaints, untoward incidents and near misses are documented, reviewed and acted upon	**5, 15**

Is it effective?			
No.	**Type**	**Standard**	**Reference**
E1	**1**	The service provides evidence-based psychological interventions	**3, 5, 7, 8, 10, 11, 12, 13, 20**
E2	**1**	Assessments include a description of presenting problems, formulation and/or provisional diagnosis where appropriate	**3, 20**
E3	**2**	Assessments include consideration of activities that promote social inclusion such as education, employment, volunteering and other occupations such as leisure activities and caring for dependants	**3, 8, 11, 16, 20**
E4 (n)	**2**	Assessments include consideration of adverse circumstances that may be maintaining presenting difficulties (e.g. debt, employment situation, housing situation, social isolation) and signpost to additional sources of information and support where appropriate	**3, 8, 11, 16, 20**
E5	**2**	The number of sessions is informed by the evidence base and individual need	**7, 20**

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No.	Type	Standard	Reference
E6	**2**	The service routinely collects outcome data and can demonstrate the effectiveness of the interventions provided	**3, 7, 8, 10, 11, 12, 20**
E7	**2**	The service uses assessment and outcome measures which have established reliability and validity and are appropriate to the population served	**3, 4, 20**
E8	**2**	The service actively considers sustainability of improvements and provides clear information to service users regarding how they can access further support after they have been discharged	**7, 20**
E9	**2**	Outcome monitoring includes changes in functioning, quality of life, well-being etc., i.e. goes beyond monitoring changes in clinical symptoms	**7, 12**
E10 (m)	**2**	Outcome monitoring includes reviewing progress against service user-defined goals	**5, 20**
E11	**2**	The service has a system in place to reflect on service outcomes and identify ways of improving them in the future	**3, 7, 8, 11, 12, 20**

Is it caring?			
No.	**Type**	**Standard**	**Reference**
C1	**1**	Service users report that they were treated with compassion, empathy, kindness, respect and dignity	**16**

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No.	Type	Standard	Reference
C2 (m)	**1**	The service provides service users with clear information about waiting times, including: • Regular updates on any changes to the start date; • Details of how to access further support while waiting for therapy to commence	**7, 10**
C3	**2**	Service users are provided with written information describing the service	**8, 16**
C4 (n)	**1**	Service users are actively involved in shared decision-making about their care and treatment	**3, 7, 8, 10, 11, 12, 13, 16, 20**
C5	**2**	Service users report being provided with information and choice about their treatment (covering choice of time of day, venue, type of therapy, therapist gender and access in a language other than English)	**3, 7, 8, 10, 11, 12, 13, 16, 20**
C6	**2**	Service users are provided with information about who to speak to if they are experiencing difficulties with the therapy process, which they do not feel able to speak to the therapist about	**7**

Is it responsive to people's needs?			
No.	**Type**	**Standard**	**Reference**
R1	**1**	The service has a strategy in place to promote equality and diversity and to address any barriers to access	**16**
R2	**1**	The service can demonstrate that it promotes culturally sensitive practice	**16**

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No.	Type	Standard	Reference
R3 (m)	**2**	The service routinely collects data that can be used to measure equity of access and equity of delivery against protected characteristics	**7, 8, 13, 16, 24**
R4	**2**	Data are used to understand who is accessing the service, identify under-represented groups and improve the accessibility of the service	**3, 7, 8, 10, 11, 12, 16, 20**
R5 (m)	**2**	Referrers, service users and carers are provided with clear information on who can access the service	**3, 7, 11, 12, 20**
R6	**2**	If the service is open to self-referrals, it can demonstrate that it is actively promoting this to different sections of the community	**7, 20**
R7	**2**	There are systems in place to monitor waiting times and ensure adherence to local and/or national waiting times standards *Guidance: Consideration is given to priority groups*	**7, 10, 13, 17**
R8 (m)	**2**	There are coherent care pathways linking the service with other health and social care provision	**3, 8, 20, 11, 12**
R9	**2**	Gaps in local service provision are identified and steps are taken to improve availability of appropriate treatment options for people with unmet needs, either within the service or by highlighting the need for the development of alternative services	**3, 8**
R10 (m)	**2**	Service users report a high level of satisfaction with the service they receive	**7, 8, 20**
R11 (m)	**1**	There are consistent arrangements for liaison with referrers at the end of therapy, if appropriate, and signposting to other services, if required	**3, 11, 20**

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No.	Type	Standard	Reference
R12	**2**	Consideration is given to medication and side effects, if relevant	**3**
R13	**2**	Service users are asked if they would like family or friends to be involved. If so, there is a discussion around how this will take place. *Guidance: involvement may include family/friends supporting therapy outside of sessions, attendance at one or more sessions, involvement in relapse prevention, etc.*	**16**
R14	**2**	Therapeutic contracts cover frequency of appointments and take into account service user needs and preferences	**3, 10, 16**
R15	**1**	The service can provide information in a range of formats to suit individual needs *Guidance: the service can access key information in languages other than English, and in an accessible format for people with sight, hearing, learning or literacy difficulties*	**16**
R16 (n)	**2**	The service considers the needs of carers. *Guidance: This could include carers of people accessing the service, but also service users who are carers. Information should be provided about carers support groups and rights to a carer's assessment.*	**9**
R17 (n)	**2**	The service is delivered in environments that are welcoming and easily accessible for service users	**16, 24**

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Is it well-led?			
No.	**Type**	**Standard**	**Reference**
L1	**1**	Therapists are supported by the service/organisation to meet the Continuing Professional Development (CPD) requirements of their professional / regulatory body *Guidance: This includes both mandatory and developmental training and activities*	**7, 8, 11, 12, 13, 20**
L2	**2**	There has been a review of the staff and skill mix of the team within the past 12 months to identify gaps in the team and develop a balanced workforce to meet local need	**11, 12, 13, 20**
L3	**2**	The service reviews and continually improves its efficiency in order to make best use of its resources	**5, 13**
L4	**1**	All therapists receive well-structured annual appraisals *Note: As a minimum, this should include the completion of forms in advance of a formal meeting and a written summary of the outcome of the meeting, which is stored by the service*	**7, 18, 19**
L5	**1**	The service actively supports therapist health and well-being, for example, monitoring staff sickness and burnout, assessing morale and taking action where needed	**5, 18, 19**
L6	**2**	Line managers are aware of their important role in therapist wellbeing	**21**
L7	**2**	Therapists report that their job targets and workload are reasonable and manageable	**22**
L8	**2**	Therapist turnover is monitored, causes examined and action taken where needed	**20**
L9	**2**	There is a system in place to obtain regular anonymous service user feedback, which includes learning from positive feedback, as well as taking active steps to address service user sources of dissatisfaction	**7, 8**

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No.	Type	Standard	Reference
L10	**2**	Service users are involved in service design, planning, evaluation and improvement	**5, 12, 16**
L11 (m)	**1**	Service users and carers are provided with clear information on how to make a complaint or compliment about the service	**16**
L12	**1**	There are clear processes in place for staff to raise concerns about standards of care	**5**

Additional standards for IAPT services

NB: Only services participating in the English IAPT programme will be assessed against these standards

No.	Standard	Reference
IAPT1 (m)	The service offers a stepped care model based on NICE guidance for relevant clinical conditions that provides service users with the appropriate level and length of care for their needs	**20**
IAPT2 (m)	High and low intensity interventions within IAPT are commissioned so that service users can transition seamlessly within the stepped care model	**20**
IAPT3 (m)	The service has a clear focus, capability and capacity to safely manage severe and complex cases and staff work within their capability and training	**20**
IAPT4	IT systems enable therapists and service directors to have prompt access to outcomes data and to generate service reports	**20**
IAPT5	Service users can be tracked through the full stepped care pathway through an inter-operable IT system	**20**

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No.	Standard	Reference
IAPT6 (m)	The service has sufficient therapists trained to deliver high and low intensity treatments	**20**
IAPT7 (m)	The service provides information to service users about the full range of psychological therapies that NICE guidance recommends for their particular clinical problem(s) and discusses with them the range of options that are available in the service	**10, 20**
IAPT8	The service has a minimum of 90% data completeness for pre/post treatment scores	**20**
IAPT9	A problem descriptor and mental health cluster is recorded for each service user and submitted with quarterly reports *Note: A minimum level of 80% data completeness for problem descriptor by the end of a course of treatment is expected*	**20**
IAPT10 (m)	The service adheres to the IAPT Manual supervision guidance	**20**

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